

DYNAMIC INTERIORS, INC.

Hawaii Carpenters Trust Fund

2002

MONTH	CONTRIBUTION OWED	AMOUNT PAID	BALANCE	COMMENT
BALANCE BROUGHT FORWARD:			\$ (18,445.50)	
January '02	\$ 2,280.52	\$ 827.86	\$ (16,992.84)	Dynamic CK#743 dated: 1/8/02
		\$ 1,220.00	\$ (18,212.84)	Dynamic CK#808 dated: 1/28/02
February '02	\$ 4,889.06	\$ 3,089.44	\$ (16,413.22)	Dynamic CK#830 dated: 2/6/02
		\$ 1,404.92	\$ (17,818.14)	Dynamic CK#869 dated: 2/22/02
March '02	\$ -	\$ 2,280.52	\$ (20,098.66)	Dynamic CK#879 dated: 3/11/02
April '02				No Contribution
May '02	\$ 1,613.64	\$ 1,200.00	\$ (19,685.02)	Dynamic CK#927 dated: 5/3/02
		\$ 365.50	\$ (20,050.52)	Dynamic CK#937 dated 5/8/02
June '02	\$ 3,164.00	\$ -	\$ (16,886.52)	
July '02	\$ 7,044.16	\$ 1,005.00	\$ (10,847.36)	Stan's Contracting dated: 7/2/02
		\$ 1,613.64	\$ (12,461.00)	Dynamic CK#1011 dated 7/6/02
		\$ 3,717.90	\$ (16,178.90)	RSI CK#44463 dated 7/31/02
August '02	\$ 6,804.66	\$ 3,413.24	\$ (12,787.48)	Dynamic CK#1091 dated 8/30/02
		\$ 3,630.92	\$ (16,418.40)	RSI CK#344677 dated 8/30/02
September '02	\$ 2,467.78	\$ -	\$ (13,950.62)	
October '02		\$ 2,467.78	\$ (16,418.40)	Dynamic CK#1172 dated 10/25/02 No Contribution
		\$ 8,165.57	\$ (24,583.97)	RSI CK#45076 dated 10/30/02
November '02	\$ 6,564.96	\$ -	\$ (18,019.01)	
December '02	\$ 5,497.07	\$ -	\$ (12,521.94)	

EXHIBIT B

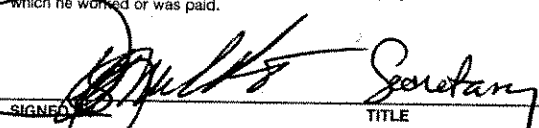
HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 January, 2002		ACCOUNT NUMBER 19041 DL	The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees. I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817			 SIGNED: _____ TITLE: Secretary
DRYWALL JOURNEYMAN 09/2001 DL IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

2 TOTAL HOURS WORKED 146 LIQUIDATED DAMAGES OR ADJUSTMENTS TOTAL DUE EACH TRUST	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	/HR	4.32 /HR	.50 /HR	5.00 /HR	4.64 /HR	5.02 /HR	5.50 /HR	.30 /HR	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	630.72	73.00	730.00	467.44	750.10	803.00	43.80	2280.52	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45% 50%	6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
GRAELLOS, R		576-79-6475	40	

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES



DYNAMIC INTERIORS, INC.
GENERAL ACCOUNT
4137 LIKINI STREET
HONOLULU, HAWAII 96818
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

59-177/1213

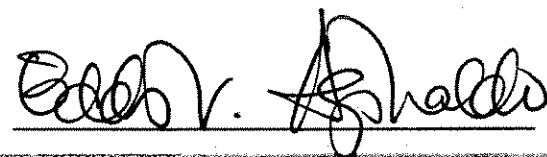
0879

PAY AMOUNT OF **Two thousand two hundred eighty + 52/100** DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	
3/11/02	Hawaii Carpenters Joint Trust Funds	Jan 02 Report	879	\$ 2,280.52

HAWAII NATIONAL BANK

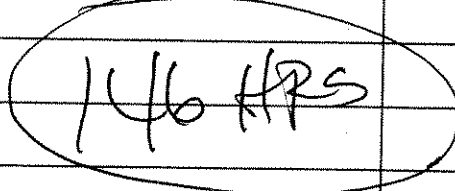
MAIN BRANCH
HONOLULU, HAWAII


000879 121301772

120001112

10 RECEIVE DATE:

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall.) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust



080

CHECK
AMOUNT

PAY
AMOUNT

One thousand two hundred twenty only DOLLARS

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
1/28/02	HI carpenters	Installation Pymt # 1	808	\$ 1,220.00

HAWAII NATIONAL BANK
HAWAII

MAIN BRANCH
HONOLULU, HAWAII

[Signature]

⑈000808⑈ ⑆121301772⑆

120001112⑈

⑈000012200⑈

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

DYNAMIC INTERIORS, INC.
 GENERAL ACCOUNT
 304 KOHOU STREET, SUITE 103
 HONOLULU, HAWAII 96817
 PHONE: (808) 841-0215

PAY
 AMOUNT OF Eight Hundred Twenty-seven and 26/100 DOLLARS

TO THE ORDER OF M CARPENTERS TRUST FUND

DATE 8/5/04

EXPLANATION	AMOUNT

DESCRIPTION 1101 Report

CHECK NUMBER 0743

CHECK AMOUNT 827.16

FLANNERY NATIONAL BANK
 HAWAII BRANCH
 HONOLULU, HAWAII

Edgar V. [Signature]

① THIS CHECK IS VOID IF ANY OF THE FOLLOWING INFORMATION IS NOT PRINTED CORRECTLY

① MICR LINE: ⑈000743⑈ ⑈121306772⑈ 120001112⑈ ⑈0000082786⑈

10 **RECEIVE DATE:**

Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall.) to avoid Liquidated Damages and Interest. Liquidated damages are calculated at 20% of contributions due each trust



DYNAMIC INTERIORS, INC.
 GENERAL ACCOUNT
 504 KOHOU STREET, SUITE 103
 HONOLULU, HAWAII 96817
 PHONE: (808) 841-9215

EXPLANATION	AMOUNT

59-1771213

0830

CHECK
AMOUNT

\$3,009.44

PAY
AMOUNT
OF
DATE
TO THE ORDER OF
DESCRIPTION
CHECK
NUMBER
DOLLARS

Three thousand eighty-nine & 44/100
 4/6/02 HI carpenters joint fund
 Dec 2001 Report
 830


STAMPAI NATIONAL BANK
 HAWAII
 MAIN BRANCH
 HONOLULU, HAWAII

Carol R. Hall

⑆0000830⑆ ⑆12130177⑆⑆

120⑈01112⑈

⑈0000308944⑈

 DYNAMIC INTERIORS, INC. GENERAL ACCOUNT 304 KOHOI STREET, SUITE 103 HONOLULU, HAWAII 96817 PHONE: (808) 841-9115		59-177/1213 0869	
PAY AMOUNT OF <i>One thousand four hundred for + 02/10</i>		CHECK AMOUNT \$1,404.92	
DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
<i>2/20/02</i>	<i>HEIF</i>	<i>Payment Plan</i>	<i>869</i>
SHAWA NATIONAL BANK HAWAII		MAIN BRANCH HONOLULU, HAWAII	
MICR LINE: ⑈000869⑈ ⑆121301772⑆ 120001112⑈ ⑈0000140492⑈		<i>Edith A. [Signature]</i>	

D
GENERAL ACCOUNT
4137 LIKINI STREET
HONOLULU, HAWAII 96819
PHONE: (808) 841-0215

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
5/11/02	Hawaii Carpenters Joint Trust Fund	Report for May 2002	1011	\$1,613.64

59-1771213
1011

PAY AMOUNT OF One thousand six hundred thirteen + 64/100

STANWAT NATIONAL BANK
MAIN BRANCH
HONOLULU, HAWAII

Edo V. Adenla

⑆00101⑆ ⑆121301772⑆

120⑆01112⑆

⑆0000161364⑆



DYNAMIC INTERIORS, INC.
GENERAL ACCOUNT
4137 LIKINI STREET
HONOLULU, HAWAII 96819
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

0879

PAY AMOUNT OF Two thousand two hundred eighty + 54/100

\$2,280.54

STANWAT NATIONAL BANK
MAIN BRANCH
HONOLULU, HAWAII

Edo V. Adenla

⑆000679⑆ ⑆121301772⑆

120⑆01112⑆

⑆0000228052⑆

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-9608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF May, 2002		ACCOUNT NUMBER 19041 DL	<p>The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 145 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter "Union") and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter "Contractors").</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817			<p>SIGNED BY _____</p> <p>TITLE _____</p>
DRYWALL - JOURNEYMAN 03/2002 DL			

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

3 COMPUTATION OF CONTRIBUTIONS										<p>4 NOTE: THIS REPORT IS ONLY FOR:</p> <p><input type="checkbox"/> CARPENTERS</p> <p><input type="checkbox"/> DRYWALL</p> <p><input type="checkbox"/> CAB. SHOP</p> <p><input type="checkbox"/> ALLIED CRAFTS (CHECK ONE)</p> <p>TOTAL OF COLUMNS A-H \$ 1613.64</p>
A	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY			
4.32	60	5.00	4.75	5.14	5.50	40				
102										
QUOTED DAMAGES OR ADJUSTMENTS										
TOTAL DUE TO TRUST	240.64	6.20	510.00	5	5	501.00	10.80			

EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6	SOCIAL SECURITY NUMBER	7 TOTAL HOURS
	45%	50%			
KEAVELLES, RICHARD					10
WIDOWA, MICHAEL					10
ALVAREZ, DAVID					22

8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.

9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS: WE HAD NO EMPLOYEE REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

MAIN BRANCH
FIRST HAWAIIAN BANK
TRUST GROUP
P.O. BOX 3708
HONOLULU, HAWAII 96811-9988

RECORD OF PAYMENT

One thousand six hundred and thirteen and 64/100

TO THE ORDER OF **Hawaiian Carpenters joint**

Report for May 2002

CHECK NUMBER **1011**

CHECK AMOUNT **1,613.64**

**DYNAMIC INTERIORS, INC.**

GENERAL ACCOUNT
4137 LIKINI STREET
HONOLULU, HAWAII 96818
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

092

PAY
AMOUNT

One thousand two hundred DOLLARS

CHECK
AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
5/3/02	Hawaii Carpenters Bond Trust Fund	Payment Plan	927	\$ 1,200.00

HAWAII NATIONAL BANK
HAWAIIMAIN BRANCH
HONOLULU, HAWAII

[Signature]

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR BLESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

⑈000927⑈ ⑆121301772⑆

120⑈01112⑈

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 July, 2002		ACCOUNT NUMBER 19041 DL
FEDERAL I.D. NUMBER		STATE LICENSE NUMBER
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 904 KOHOU STREET SUITE 103 HONOLULU, HI 96817		
EMPLOYER TYPE DRYWALL-CARPENTER 03/2002 DL		

The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).

The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.

I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.

Joaquimato, Office Secretary
SIGNED BY TITLE

2 TOTAL HOURS WORKED 104 384	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input checked="" type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H \$7044.16
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY 45% FUND	F. FINANCIAL SECURITY 50% FUND	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	\$ 4.32 /HR	\$.60 /HR	\$ 5.00 /HR	\$ 4.75 /HR	\$ 5.14 /HR	\$ 5.50 /HR	\$.40 /HR		
	\$ 2108.16	\$ 230.40	\$ 2440.00	\$ 0	\$ 0	\$ 2112.00	\$ 153.60		
	\$ 2108.16	\$ 230.40	\$ 2440.00	\$ 0	\$ 0	\$ 2112.00	\$ 153.60	\$ 7044.16	

5 EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45% 50%	6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
CABADING, HARVEY *			104	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
GRAELLOS, RICHARD		576-79-6475	80	
MENDOZA, MICHAEL		576-71-9139	162	
SALVATERRA, DAVID		575-88-1278	152	
			488	9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX. <input checked="" type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS. <input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.
10 RECEIVE DATE: Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall) to avoid Liquidated Damages and interest. Liquidated damages are calculated at 20% of contributions due each trust or \$20.00 per trust, whichever is greater. Interest is due at the maximum rates permitted by law and specified in the Trust Agreement of each trust. These rates vary and may approach or exceed 20% per annum.				

EMPLOYEE CLASSIFICATION:

SHOULD YOU EMPLOY 1ST PERIOD APPRENTICES (40%), YOU MUST CLEARLY IDENTIFY THOSE EMPLOYEES BY PLACING AN ASTERISK (*) NEXT TO THEIR NAME IN THE APPROPRIATE COLUMN. 1ST PERIOD APPRENTICES (40%) ARE ELIGIBLE FOR PAYMENT TO THE HAWAII CARPENTERS HEALTH & WELFARE FUND AND THE HAWAII CARPENTERS VACATION & HOLIDAY FUND ONLY FOR THE FIRST 1,000 HOURS WORKED.

SOCIAL SECURITY NUMBER MUST BE FILLED TO ASSURE PROPER CREDIT. FOR ADDITIONAL REPORTS OR INFORMATION, PLEASE PHONE AND ASK FOR EMPLOYER CONTROL DEPARTMENT.

TOTAL HOURS
THIS PAGE

488

RALPH S. INOUE CO., LTD.

GENERAL CONTRACTING

2831 AWAALOA ST.

HONOLULU, HAWAII 96819

Check Date: 07/31/2002

1 Place Chk No. 44435

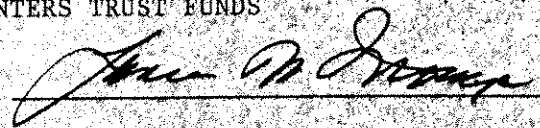
044463

Check Amount

\$3,717.90

BANK OF HAWAII
Honolulu, Hawaii59-102
1213***Three Thousand Seven Hundred Seventeen Dollars
and Ninety Cents***

DYNAMIC INTERIORS, INC. AND HAWAII CARPENTERS TRUST FUNDS

PAY TO
THE
ORDER
OF

⑈044463⑈ ⑆121301028⑆ 0008⑈000999⑈

Ed's copy

used for June 02

JUNE Report

3,164.00

Pd.

3,717.90

credit 553.90

HAWAII CARPENTERS JOINT TRUST FUNDS

HCTF ADMINISTRATIVE CORPORATION

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 August, 2002		ACCOUNT NUMBER 19041 DL	The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees. I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.
FEDERAL I.D. NUMBER 97-000000		STATE LICENSE NUMBER 03/2002 DL	
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 964 KONOHI STREET SUITE 103 HONOLULU, HI 96817			SIGNED BY <i>[Signature]</i> TITLE <i>[Signature]</i>
IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

2 TOTAL HOURS WORKED 80 383 463	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H \$6,804.66
	A. HEALTH & WELFARE @ /HR @ 4.32 463 /HR @ 2100.16	C. TRAINING & RETRAINING @ /HR @ .60 383 /HR @ 229.80	D. VACATION & HOLIDAY @ /HR @ 5.00 463 /HR @ 2315.00	E. FINANCIAL SECURITY FUND 45% @ /HR @ 4.75 463 /HR @ 2165.00	F. FINANCIAL SECURITY FUND 50% @ /HR @ 5.14 463 /HR @ 2419.82	G. FINANCIAL SECURITY @ /HR @ 5.58 383 /HR @ 2137.14	H. MARKET RECOVERY @ /HR @ .40 383 /HR @ 153.20	TOTAL DUE EACH TRUST \$2100.16 \$229.80 \$2315.00 \$2165.00 \$2419.82 \$2137.14 \$153.20 \$6804.66	

b EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE 45% 50%		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK <i>[Signature]</i>
ABADONG, HARRY	10%		576-79-1083	80	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-8988
TURNER, RICHARD			576-79-6475	172	
WILSON, MICHAEL			576-79-1083	100	

Overpayment of \$1,360.91

Total payment of \$8,165.57

9 NO EMPLOYEES:
THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH.
PLEASE CHECK THE APPROPRIATE BOX.

☐ NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.

☐ TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.

10 RECEIVE DATE:
Reports are due the following month and must be received at the bank or postmarked by the 25th (30th for Mill Cab, Drywall) to avoid Liquidated Damages and Interest. Liquidated damages are calculated at 20% of contributions due each trust

RALPH S. INOUE & CO., LTD.

GENERAL CONTRACTING

2831 AWAALOA ST.

HONOLULU, HAWAII 96819

Check Number: 44677

Check Date: 08/30/2002

044677

Check Amount

*****3,630.92

BANK OF HAWAII
Honolulu, Hawaii59-102
1213

*** Three Thousand Six Hundred Thirty Dollars and Ninety Two Cents ***

PAY TO
THE
ORDER
OF

DYNAMIC INTERIORS, INC.

AND CARPENTERS TRUST FUNDS

4137 LIKINI STREET

HONOLULU, HI 96818-



⑈044677⑈ ⑆121301028⑆ 0008⑈000999⑈

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

**DYNAMIC INTERIORS, INC.**

GENERAL ACCOUNT

4137 LIKINI STREET

HONOLULU, HAWAII 96818

PHONE: (808) 841-0215

EXPLANATION	AMOUNT

59-177/1213

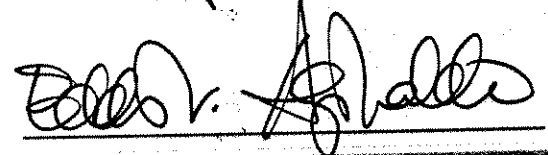
109:

PAY
AMOUNT
OF

DOLLARS

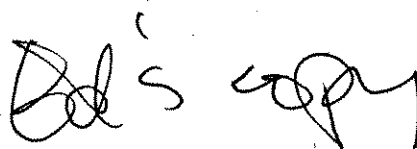
CHECK
AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
8/30/02	Hawaii Carpenters Joint Trust Fund	July 2002 Report	1091	\$ 3,413.21

HAWAII NATIONAL BANK
HAWAIIMAIN BRANCH
HONOLULU, HAWAII

⑈001091⑈ ⑆121301772⑆

120⑈01112⑈



HAWAII CARPENTERS JOINT TRUST FUNDS

HAWAII BENEFIT ADMINISTRATORS, INC.

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 September, 2002		ACCOUNT NUMBER 19041 DL	The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor). The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees. I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.
FEDERAL I.D. NUMBER 99-05	STATE LICENSE NUMBER		
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 4137 LIKINI STREET HONOLULU, HI 96818			
DRYWALL-CARPENTER 03/2002 DL		SIGNED BY _____ TITLE _____	

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

2 TOTAL HOURS WORKED 56 123 LIQUIDATED DAMAGES OR ADJUSTMENTS TOTAL DUE EACH TRUST	3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR: <input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS (CHECK ONE) TOTAL OF COLUMNS A-H \$2467.78
	A.	B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND	F. FINANCIAL SECURITY FUND	G. FINANCIAL SECURITY	H. MARKET RECOVERY	
	@	@	@	@	@	@	@	@	
	/HR	/HR	/HR	/HR	/HR	/HR	/HR	/HR	
	\$	\$	\$	\$	\$	\$	\$	\$	
	4.32	.60	5.00	4.75	5.14	5.50	.40		
	179	123	179	179	179	123	123		
	713.28	73.80	895.00	0	0	676.50	49.20		

EMPLOYEE'S NAME LAST NAME & 1ST INITIAL	APPRENTICE		6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 APPLICABLE PAYMENT: THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK.
	45%	50%			
CABADING, HARICKUS			576-75-1083	56	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
GRAELLO, RICHARD			576-79-6475	67	
MENDOZA, MICHAEL			576-71-9139	56	
				179	9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES



DYNAMIC INTERIORS, INC.
GENERAL ACCOUNT
4137 LIKINI STREET
HONOLULU, HAWAII 96818
PHONE: (808) 841-0215

EXPLANATION	AMOUNT

59-177/1213

1172

PAY AMOUNT OF	Two Thousand Four Hundred Sixty-seven and 18/100		DOLLARS
DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
01/25/02	HI Carpenters Trust Fund & Hise	fringes & benefits 9/02	1172
			\$ 2467.78

HAWAII NATIONAL BANK

MAIN BRANCH
HONOLULU, HAWAII

001172 1213017721

1200011121

D **DYNAMIC INTERIORS, INC.**
GENERAL ACCOUNT
6137 LINN STREET
HONOLULU, HAWAII 96818
PHONE: (808) 841-9215

09/17/213 1172

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER	CHECK AMOUNT
10/24/72	H. Corporation Trust Fund	5 share and 18/100	1172	\$ 2467.78

Edith V. [Signature]

HAWAII REGIONAL BANK MAIN BRANCH
HONOLULU, HAWAII

⑈001172⑈ ⑆121301772⑆ 120001112⑈ ⑈0000246778⑈

Vendor: DYNAMIC INTERIORS, INC.
Joint: AND HAWAII CARPENTERS JOINT TRUST FUNDS
Invoice # Invoice Date
D10246 09/20/2002 PCHS

Check: 076

Check date: 10/30/2002

Gross Amount	Discount	Net Amount
8,165.57	0.00	8,165.57

Check Amount *****8,165.57

RALPH S. INOUE CO., LTD.
GENERAL CONTRACTING
2831 AWAAWALOA ST.
HONOLULU, HAWAII 96819

Check Number: 45076
Check Date: 10/30/2002

045076

Check Amount

*****8,165.57

BANK OF HAWAII
Honolulu, Hawaii

59-102
1213

*8 Thousand *1 Hundred *66 Dollars and *57 Cents

DYNAMIC INTERIORS, INC.

AND HAWAII CARPENTERS JOINT TRUST FUNDS

ORDER
OF

4137 LIKINI STREET

HONOLULU HI 96818



⑈045076⑈ ⑆121301028⑆ 0008⑈000999⑈

HAWAII CARPENTERS JOINT TRUST FUNDS

HAWAII BENEFIT ADMINISTRATORS, INC.

1199 DILLINGHAM BOULEVARD, SUITE 200 / HONOLULU HAWAII 96817 PHONE (808) 841-7575 / NEIGHBOR ISLANDS 1(800) 634-8608 / FAX (808) 841-2900

EMPLOYERS MONTHLY REPORT TO TRUSTEES

BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

THIS REPORT COVERS MONTHS FOR THIS MONTH OF 1 August, 2002		ACCOUNT NUMBER 19041 DL	<p>The undersigned, as the authorized representative of the signatory Contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Labor Association, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the (1) Hawaii Carpenters Health and Welfare Fund, (2) Hawaii Carpenters Apprenticeship and Training Fund, (3) Hawaii Carpenters Vacation & Holiday Fund, (4) Drywall Apprenticeship Training Fund, (5) Financial Security Fund, (6) Market Recovery Program, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he worked or was paid.</p>
FEDERAL ID NUMBER Nov 2, 2002	STATE LICENSE NUMBER		
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 4137 LIKINI STREET HONOLULU, HI 96818			<p><i>[Signature]</i> SIGNED BY</p> <p><i>[Signature]</i> SECRETARY</p>
DRYWALL-CARPENTER 03/2002 DL IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES			

2 TOTAL HOURS WORKED		3 COMPUTATION OF CONTRIBUTIONS								4 NOTE: THIS REPORT IS ONLY FOR:	
A.		B. HEALTH & WELFARE	C. TRAINING & RETRAINING	D. VACATION & HOLIDAY	E. FINANCIAL SECURITY FUND 45%	F. FINANCIAL SECURITY FUND 50%	G. FINANCIAL SECURITY	H. MARKET RECOVERY			
4090 HR		4.32 /HR	.60 /HR	5.00 /HR	4.75 /HR	5.14 /HR	5.50 /HR	.40 /HR	<input type="checkbox"/> CARPENTERS <input type="checkbox"/> DRYWALL <input type="checkbox"/> CAB. SHOP <input type="checkbox"/> ALLIED CRAFTS <input checked="" type="checkbox"/> TOTAL OF COLUMNS A-H		
478		478	344	478	478	344	344	344			
LIQUIDATED DAMAGES OR ADJUSTMENTS		578.88	0	670.00	0	0	0	0			
344		1486.08	80.40	1730.00	0	0	1892.00	137.60			
TOTAL DUE EACH TRUST		2064.96	80.40	2390.00	0	0	1892.00	137.60	\$6564.96		

[illegible]

HAWAII CARPENTERS JOINT TRUST FUNDS

EMPLOYERS MONTHLY REPORT TO TRUSTEES

THIS REPORT COVERS HOURS FOR THIS MONTH OF 1 December, 2002	ACCOUNT NUMBER 19041 DL	<p>The undersigned, as the authorized representative of the signatory contractor herein agrees to comply with the wages, hours and working conditions of the collective bargaining agreement between Local 745 of the United Brotherhood of Carpenters and Joiners of America, (hereinafter Union) and signatory contractor members of the General Contractors Labor Association and the Builders Industry Labor Association of Hawaii, Hawaii Wall and Ceiling Industry Association, and independent contractors (hereinafter Contractor).</p> <p>The Contractor hereby adopts and agrees to be bound by the trust agreements and amendments thereto of the Hawaii Carpenters Health and Welfare Fund, Hawaii Carpenters Apprenticeship and Training Fund, Hawaii Carpenters Vacation & Holiday Fund, Drywall Apprenticeship Training Fund, Financial Security Fund, Market Recovery Program, Hawaii Carpenters Retiree Health & Welfare Fund, Hawaii Carpenters 401-K Plan, and rules and regulations adopted thereunder by the Trustees.</p> <p>I do hereby certify under penalty of perjury that the employees listed below constitute all the employees for who I am required to make payments to the various Trust Funds and that the hours shown for each employee are the total hours for which he/she worked or was paid</p>
FEDERAL I.D. NUMBER 99-0393400	STATE LICENSE NUMBER	
EMPLOYER NAME AND ADDRESS DYNAMIC INTERIORS, INC. 4137 LIKINI STREET HONOLULU, HI 96818		<p>SIGNED BY <i>Jorge Alamo</i> SECRETARY DATE <i>2/23/03</i></p>
DRYWALL 09/2002 DL		

IF THE ABOVE INFORMATION IS INCORRECT PLEASE INDICATE CHANGES

3 COMPUTATION OF CONTRIBUTIONS										
2 MEMBER CLASSIFICATION	APPR. CODE	TOTAL HOURS	RETIREE HEALTH & WELFARE \$.35 /HR	ACTIVE HEALTH & WELFARE \$ 4.57 /HR	APPRENTICE & TRAINING \$.65 /HR	VACATION & HOLIDAY \$ 5.00 /HR	FINANCIAL SECURITY \$ 5.50 /HR	MARKET RECOVERY \$.45 /HR	401-K \$.05 /HR	4 TOTAL
Journeyman		308.50	107.98	1409.85	200.53	1542.50	1696.75	138.83	15.43	5111.87
Apprentices pre 9/2002										
50%	A3						\$5.00 @ 5.14			
45%	A2						\$4.75 @ 4.75			
40%	A1	72	25.20			\$5.00 @ 36.0				385.20
Apprentices post 9/2002										
90% - 95%	A8					\$4.00 @	\$4.50 @			
70% - 80%	A7					\$3.00 @	\$3.50 @			
50% - 60%	A6					\$2.00 @	\$2.50 @			
45%	A5					\$1.00 @	\$1.50 @			
40%	A4					\$1.00 @				
Liquidated Damages or Adjustments										
Totals			\$ 133.18	\$ 1409.85	\$ 300.53	\$ 1902.50	\$ 1696.75	\$ 138.83	\$ 15.43	\$
UBC Training Fund .02 x per hour			\$ 0	UBC Marketing Fund .02 x per hour			\$ 0	\$ 0		
GRAND TOTAL \$ 5,497.07										

5 EMPLOYEE'S NAME LAST NAME & FIRST NAME	APPRENTICE CODE	6 SOCIAL SECURITY NUMBER	7 TOTAL HOURS	8 THIS REPORT SHOULD BE ACCOMPANIED BY ONE CHECK TO:
MEADIN, H	A1	576-75-1083	72	MAIN BRANCH FIRST HAWAIIAN BANK TRUST GROUP P.O. BOX 3708 HONOLULU, HAWAII 96811-9988
TRABELLO, R	11%	576-79-6475	152	
MENDOZA, M	16%	576-71-9139	112	
WILLIAMS, Wayne	DT		44.5	
				9 NO EMPLOYEES: THIS REPORT MUST BE FILED EVEN THOUGH NO EMPLOYEES WORKED THIS MONTH. PLEASE CHECK THE APPROPRIATE BOX.
				<input type="checkbox"/> NO EMPLOYEES WORKED THIS MONTH. PLEASE CONTINUE MAILING REPORT FORMS.
				<input type="checkbox"/> TRANSFER TO INACTIVE STATUS. WE HAD NO EMPLOYEE TO REPORT THIS MONTH AND DO NOT ANTICIPATE HIRING ANY IN THE NEAR FUTURE.